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Summer Safety Tips for Children

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Summer is here. Be sure to guard against these summer issues.

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By Michelle Meadows

When it comes to summer, Olivia Kane, 36, mostly remembers the happy times: eating crabs on the beach, chasing flickering fireflies at night, and playing softball with friends. But there are other memories the Arlington, Va., resident wishes she could forget. Like the rash from poison ivy that broke out on her face, neck, and arms two days before she had to walk down the aisle in her sister's wedding. Or the time she went to the beach to get a tan before high school graduation. "What I got was a bright red sunburn," she says. "I had blistered cheeks, a blistered chest, and I was the graduation speaker."

But her worst summer memory was when she took a sip from a can of soda and gulped down a bee that had crawled into the can when she wasn't looking. "I knew I swallowed something," Kane says. "I got so hysterical that I threw up." Out came the bee, and she went straight to the emergency room where she was treated for difficulty breathing.

Experts say there's a lot people can do to minimize the risks of health problems related to summertime activities. "While treatment with FDA-approved products is good, prevention is even better," says Jonathan Wilkin, M.D., director of the Food and Drug Administration's Division of Dermatologic and Dental Drug Products. So before you pack your swimsuit or hit the hiking trail this year, brush up on these summer hazards.

Sunburn

As a child in Pratt, Kan., Linda Talbott got frequent, blistering sunburns while playing outside all day. Then in her college years, it was cool to be tanned. "Everyone wanted a tan, and I thought tanned skin looked beautiful," Talbott says. "But it's not beautiful when you're 65 and you've had melanoma."

In 1997, Talbott noticed a dark spot under her left eye. “I thought it was mascara, but it grew to the size of a raisin and started to bleed” after about six weeks. Her doctor said it was melanoma, a serious form of skin cancer. Another lesion on her cheek, previously misdiagnosed as an age spot, also turned out to be malignant. She needed immediate surgery on her face to remove the cancerous tissue and save her life.

Everyone is at risk for skin cancer, but especially people with light skin color, light hair or eye color, a family history of skin cancer, chronic sun exposure, a history of sunburns early in life, or freckles, according to the American Cancer Society. Rays from artificial sources of light such as tanning booths also increase the risk of skin cancer.

What you can do: Remember to limit sun exposure, wear protective clothing, and use sunscreen. Sunscreen should be applied 30 minutes before going outdoors and reapplied at least every two hours. Use water-resistant sunscreen with a sun protection factor (SPF) of 15 or higher. The FDA regulates sunscreen as an over-the-counter (OTC) drug and is working on a proposed rule that will specify testing procedures for determining levels of UVA protection in sunscreen products. It will also include labeling for UVA protection to complement existing SPF labeling for UVB. So in the future, consumers will be able to choose a sunscreen based on both UVB and UVA protection levels. Sunscreen is formulated to protect the skin against the sun’s ultraviolet light (UV), not to help the skin tan.

Some medications can increase sensitivity to the sun. Examples are tetracycline antibiotics, sulfonamides such as Bactrim, non-steroidal anti-inflammatory drugs such as ibuprofen, and some fluoroquinolones. Cosmetics that contain alpha hydroxy acids (AHAs) may also increase sun sensitivity and the possibility of sunburn. Examples are glycolic acid and lactic acid. It is important to protect your skin from the sun while using AHA-containing products and for a week after discontinuing their use.

According to the American Academy of Dermatology (AAD), along with regularly using sunscreen, it’s smart to wear wide-brimmed hats and seek shade under a beach umbrella or a tree. Sunscreens alone may not always protect you. And don’t forget sunglasses, which protect the sensitive skin around the eyes and may reduce the long-term risk of developing cataracts. People who wear UV-absorbing contact lenses still should wear UV-absorbing sunglasses since contact lenses don’t completely cover the eye.

If you do get a sunburn, don’t put ice or butter on it, says Bruce Bonanno, M.D., an emergency physician at Bayshore Community Hospital in Holmdel, N.J. “Use a cold compress, and if you don’t have that, a pack of frozen vegetables will work.” OTC pain relievers may also be helpful. Mild and moderate cases may be helped by topical corticosteroids such as hydrocortisone. Severe cases may require oral steroids such as prednisone.

Be on the lookout for moles that change color or size, bleed, or have an irregular, spreading edge—all potential signs of skin cancer.

Bites From Mosquitoes and Ticks

Rob Baxley, 32, of Savage, Md., never saw the tick, but thinks he came into contact with one when he helped his brother build a deck in June 2003. “Soon after that, I noticed a little red spot on my thigh,” Baxley says. “But then it grew.” He estimates the rash was about the size of a grapefruit when he went to the emergency room in mid-July.

About 80 percent of people who get Lyme disease develop a large rash that looks like a bull’s-eye. Baxley experienced other classic Lyme disease symptoms, such as muscle aches and stiff joints. His doctor also found a similar rash on Baxley’s calf.

After a blood test confirmed Lyme disease, Baxley took the oral antibiotic doxycycline, followed by intravenous treatment with a second antibiotic called Rocephin (ceftriaxone). In addition to the physical symptoms, he is also experiencing depression for the first time. “The whole thing is frustrating,” says Baxley. “It’s taken a toll on the whole family.”

Ticks are usually harmless. The biggest disease threat from tick bites is Lyme disease, which is caused by the bacterium *Borrelia burgdorferi*. The bacteria are transmitted to humans by the black-legged deer tick, which is about the size of a pinhead and usually lives on deer. According to the Centers for Disease Control and Prevention (CDC), there were 23,763 cases of Lyme disease reported nationwide in 2002.

Another insect-borne illness, West Nile virus, is transmitted by infected mosquitoes and usually produces mild symptoms in healthy people. But the illness can be serious for older people and those with compromised immune systems. In 2002, there were 4,156 cases of West Nile virus in humans reported to the CDC. Less than 1 percent of people infected with West Nile virus develop severe illness. The symptoms are flu-like and can include fever, headache, body aches, and skin rash.

What you can do: There are no vaccines on the market for West Nile virus or Lyme disease. If you’re spending time in tall grass or woody areas, use insect repellent with DEET to ward off mosquitoes and ticks. But insect repellent should not be used on babies, and repellent used on children should contain no more than 10 percent DEET.

Check yourself and your children for ticks before bedtime. If you find a tick, remove it with tweezers, drop it in a plastic bag and throw it away. You don’t have to save the tick to show it to doctors. People who want to get a tick tested for diseases or other information could check with their local health departments, but not all of them offer tick testing. The CDC recommends cleansing the area of the tick bite with antiseptic. Early removal is important because a tick generally has to be on the skin for 36 hours or more to transmit Lyme disease.

OTC antihistamines, such as Benadryl or Claritin, can bring itch relief. Topical anti-itch cream on the affected area also may help, especially for children, says Edward Lamay, M.D., a physician in the emergency department at Durham Regional Hospital in Durham, N.C. You may also want to keep their nails short. “Some kids scratch bites, break the skin, and then get a bacterial infection,” Lamay says.

Bee Stings

In the summer of 2003, the Nebraska Poison Center in Omaha received a call about a 4-year-old girl who was stung on the tongue by a bee while sipping from a soda can. She was treated in the emergency room for swelling not only to the tongue, but to her lips and up to her eyes.

“It’s a concern anytime there is swelling in the face or an area other than where the sting occurred,” says Charles Pattavina, M.D., an emergency physician at The Miriam Hospital in Providence, R.I. Other symptoms of an allergic reaction are hives, itching, rash, difficulty breathing, and shock. Most reactions to bees are mild, but severe allergic reactions lead to between 40 and 50 deaths each year. An allergic reaction can occur even if a person has been stung before with no complications.

What you can do: To keep bees away, wear light-colored clothing and avoid scented soaps and perfumes. Don’t leave food, drinks, and garbage out uncovered. Treat a bee sting by scraping the stinger away in a side-to-side motion with a credit card or fingernail, and then washing the area with soap and water. Pulling the stinger or using tweezers may push more venom into the skin. For any bug bite or sting, ice or a cold compress and OTC pain-relieving creams or oral medications can help.

Because bees puncture the skin with their stingers, there is a risk of tetanus infection. After getting the regular series of childhood tetanus shots, adults should have a tetanus booster shot every 10 years.

Watch for signs of allergic reaction to stings, which typically happen within the first few hours. If you or your child has ever had an allergic reaction to a sting, experts recommend carrying epinephrine, a prescription hormone given by injection to support blood pressure, increase heart rate, and relax airways.

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